

L14000157002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

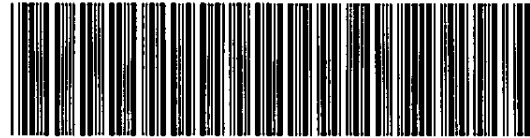
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

OCT 16 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Anel Transportation LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aura Perez-Rivera

Name of Person

Anel Transportation LLC

Firm/Company

3138 Regal Darner Drive

Address

Kissimmee Florida 34744

City/State and Zip Code

aneltransportation@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aura Perez-Rivera

Name of Person

407 572-5552

at (

Area Code

Daytime Telephone Number

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SECRETARY OF STATE

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Anel Transportation LLC

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Nelson Rivera	3138 Regal Darner Drive Kissimmee Fl, 34744	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Aura Perez-Rivera	3138 Regal Darner Dr. Kissimmee Fl, 34744	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Nelson Rivera	3138 Regal Darner Dr Kissimmee Fl, 34744	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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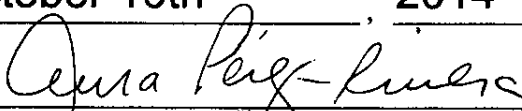
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 10th, 2014



Signature of a member or authorized representative of a member

Aura Perez-Rivera

Typed or printed name of signee

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Filing Fee: \$25.00

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